"बिजनेस पोस्ट के अन्तर्गत डाक शुल्क के नगद भुगतान (बिना डाक टिकट) के प्रेषण हेतु अनुमत. क्रमांक जी.2-22-छत्तीसगढ़ गजट / 38 सि. से. भिलाई, दिनांक 30-05-2001."

पंजीयन क्रमांक
"छत्तीसगढ़/दुर्ग/09/2013-2015."

छत्तीसगढ़ राजपत्र

(असाधारण)
प्राधिकार से प्रकाशित

क्रमांक 410] रायपुर, शुक्रवार, दिनांक 15 सितम्बर 2017 — भाद्रपद 24, शक 1939

विधि और विधायी कार्य विभाग
मंत्रालय, महानदी भवन, नया रायपुर

रायपुर, दिनांक 15 सितम्बर 2017

क्रमांक 8633/डी. 192/21-अ/प्रा./छ. ग./17.— भारत सरकार, विधि और न्याय मंत्रालय, विधायी विभाग के पत्र क्रमांक F. No. 1 (114)/2010-L. I, F. No. 1(79)/2015-L. I, F. No. 1(39)/2007-L. I, F. No. 1 (76)/2016-L. I, एवं F. No. 1(25)/2017-L. I, नई दिल्ली, दिनांक 01-06-2017 के अनुसरण में दि मेंटल हेल्थकेयर एक्ट, 2017 (क्र. 10 सन् 2017) एतद्द्वारा सर्वसाधारण की जानकारी हेतु पुन: प्रकाशित की जाती है.

छत्तीसगढ़ के राज्यपाल के नाम से तथा आदेशानुसार,
व्ही. के. होता, अतिरिक्त सचिव.

THE MENTAL HEALTHCARE ACT, 2017

CHAPTER I

PRELIMINARY

CLAUSES

CHAPTER II

MENTAL ILLNESS AND CAPACITY TO MAKE MENTAL HEALTHCARE AND TREATMENT DECISIONS

CHAPTER III

ADVANCE DIRECTIVE

CHAPTER IV

NOMINATED REPRESENTATIVE

CHAPTER V

RIGHTS OF PERSONS WITH MENTAL ILLNESS

CLAUSES

CLAUSES

CHAPTER IX

FINANCE, ACCOUNTS AND AUDIT

CHAPTER X

MENTAL HEALTH ESTABLISHMENTS

CHAPTER XI

MENTAL HEALTH REVIEW BOARDS

CHAPTER XII

ADMISSION, TREATMENT AND DISCHARGE

CLAUSES

CHAPTER XIII

RESPONSIBILITIES OF OTHER AGENCIES

CHAPTER XIV

RESTRICTION TO DISCHARGE FUNCTIONS BY PROFESSIONALS NOT COVERED BY PROFESSION

CHAPTER XV

OFFENCES AND PENALTIES

CHAPTER XVI

MISCELLANEOUS

CLAUSES

THE MENTAL HEALTHCARE ACT, 2017

AN

ACT

to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfil the rights of such persons during delivery of mental healthcare and services and for matters connected therewith or incidental thereto.

WHEREAS the Convention on Rights of Persons with Disabilities and its Optional Protocol was adopted on the 13th December, 2006 at United Nations Headquarters in New York and came into force on the 3rd May, 2008;

AND WHEREAS India has signed and ratified the said Convention on the 1st day of October, 2007;

AND WHEREAS it is necessary to align and harmonise the existing laws with the said Convention.

BE it enacted by Parliament in the Sixty-eighth Year of the Republic of India as follows:—

CHAPTER I

PRELIMINARY

Short title, extent and commencement.

1. (*1*) This Act may be called the Mental Healthcare Act, 2017.

(*2*) It shall extend to the whole of India.

(*3*) It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint; or on the date of completion of the period of nine months from the date on which the Mental Healthcare Act, 2017 receives the assent of the President.

Definitions.

2. (*1*) In this Act, unless the context otherwise requires,—

(*a*) "advance directive" means an advance directive made by a person under section 5;

(*b*) "appropriate Government" means,—

(*i*) in relation to a mental health establishment established, owned or controlled by the Central Government or the Administrator of a Union territory having no legislature, the Central Government;

(*ii*) in relation to a mental health establishment, other than an establishment referred to in sub-clause (*i*), established, owned or controlled within the territory of—

(*A*) a State, the State Government;

(*B*) a Union territory having legislature, the Government of that Union territory;

(*c*) "Authority" means the Central Mental Health Authority or the State Mental Health Authority, as the case may be;

(*d*) "Board" means the Mental Health Review Board constituted by the State Authority under sub-section (*1*) of section 80 in such manner as may be prescribed;

(*e*) "care-giver" means a person who resides with a person with mental illness and is responsible for providing care to that person and includes a relative or any other person who performs this function, either free or with remuneration;

(*f*) "Central Authority" means the Central Mental Health Authority constituted under section 33;

(*g*) "clinical psychologist" means a person—

(*i*) having a recognised qualification in Clinical Psychology from an institution approved and recognised, by the Rehabilitation Council of India, constituted under section 3 of the Rehabilitation Council of India Act, 1992; or

34 of 1992.

(*ii*) having a Post-Graduate degree in Psychology or Clinical Psychology or Applied Psychology and a Master of Philosophy in Clinical Psychology or Medical and Social Psychology obtained after completion of a full time course of two years which includes supervised clinical training from any University recognised by the University Grants Commission established under the University Grants Commission Act, 1956 and approved and recognised by the Rehabilitation Council of India Act, 1992 or such recognised qualifications as may be prescribed;

35 3 of 1956.
34 of 1992.

(*h*) "family" means a group of persons related by blood, adoption or marriage;

(*i*) "informed consent" means consent given for a specific intervention, without any force, undue influence, fraud, threat, mistake or misrepresentation, and obtained after disclosing to a person adequate information including risks and benefits of, and alternatives to, the specific intervention in a language and manner understood by the person;

(*j*) "least restrictive alternative" or "least restrictive environment" or "less

restrictive option" means offering an option for treatment or a setting for treatment which—

(*i*) meets the person's treatment needs; and

(*ii*) imposes the least restriction on the person's rights;

(*k*) "local authority" means a Municipal Corporation or Municipal Council, or Zilla Parishad, or Nagar Panchayat, or Panchayat, by whatever name called, and includes such other authority or body having administrative control over the mental health establishment or empowered under any law for the time being in force, to function as a local authority in any city or town or village;

(*l*) "Magistrate" means—

(*i*) in relation to a metropolitan area within the meaning of clause (*k*) of section 2 of the Code of Criminal Procedure, 1973, a Metropolitan Magistrate;

2 of 1974.

(*ii*) in relation to any other area, the Chief Judicial Magistrate, Sub-divisional Judicial Magistrate or such other Judicial Magistrate of the first class as the State Government may, by notification, empower to perform the functions of a Magistrate under this Act;

(*m*) "medical officer in charge" in relation to any mental health establishment means the psychiatrist or medical practitioner who, for the time being, is in charge of that mental health establishment;

(*n*) "medical practitioner" means a person who possesses a recognised medical qualification—

(*i*) as defined in clause (*h*) of section 2 of the Indian Medical Council Act, 1956, and whose name has been entered in the State Medical Register, as defined in clause (*k*) of that section; or

102 of 1956.

(*ii*) as defined in clause (*h*) of sub-section (*1*) of section 2 of the Indian Medicine Central Council Act, 1970, and whose name has been entered in a State Register of Indian Medicine, as defined in clause (*j*) of sub-section (*1*) of that section; or

48 of 1970.

(*iii*) as defined in clause (*g*) of sub-section (*1*) of section 2 of the Homoeopathy Central Council Act, 1973, and whose name has been entered in a State Register of Homoeopathy, as defined in clause (*i*) of sub-section (*1*) of that section;

59 of 1973.

(*o*) "Mental healthcare" includes analysis and diagnosis of a person's mental condition and treatment as well as care and rehabilitation of such person for his mental illness or suspected mental illness;

(*p*) "mental health establishment" means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental illness, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental illness are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general hospital or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental illness resides with his relatives or friends;

(*q*) "mental health nurse" means a person with a diploma or degree in general nursing or diploma or degree in psychiatric nursing recognised by the Nursing Council of India established under the Nursing Council of India Act, 1947 and registered as such with the relevant nursing council in the State; 38 of 1947.

(*r*) "mental health professional" means—

(*i*) a psychiatrist as defined in clause (*x*); or

(*ii*) a professional registered with the concerned State Authority under section 55; or

(*iii*) a professional having a post-graduate degree (Ayurveda) in Mano Vigyan Avum Manas Roga or a post-graduate degree (Homoeopathy) in Psychiatry or a post-graduate degree (Unani) in Moalijat (Nafasiyatt) or a post-graduate degree (Siddha) in Sirappu Maruthuvam;

(*s*) "mental illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by subnormality of intelligence;

(*t*) "minor" means a person who has not completed the age of eighteen years;

(*u*) "notification" means a notification published in the Official Gazette and the expression "notify" shall be construed accordingly;

(*v*) "prescribed" means prescribed by rules made under this Act;

(*w*) "prisoner with mental illness" means a person with mental illness who is an under-trial or convicted of an offence and detained in a jail or prison;

(*x*) "psychiatric social worker" means a person having a post-graduate degree in Social Work and a Master of Philosophy in Psychiatric Social Work obtained after completion of a full time course of two years which includes supervised clinical training from any University recognised by the University Grants Commission established under the University Grants Commission Act, 1956 or such recognised qualifications, as may be prescribed; 3 of 1956.

(*y*) "psychiatrist" means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognised by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognised by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, or recognised by the Medical Council of India, constituted under the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act; 3 of 1956. 102 of 1956.

(*z*) "regulations" means regulations made under this Act;

(*za*) "relative" means any person related to the person with mental illness by blood, marriage or adoption;

(*zb*) "State Authority" means the State Mental Health Authority established under section 45.

(*2*) The words and expressions used and not defined in this Act but defined in the Indian Medical Council Act, 1956 or the Indian Medicine Central Council Act, 1970 and not inconsistent with this Act shall have the meanings respectively assigned to them in those Acts. 102 of 1956. 48 of 1970.

CHAPTER II

Mental illness and capacity to make mental healthcare and treatment decisions

Determination of mental illness.

3. (*1*) Mental illness shall be determined in accordance with such nationally or internationally accepted medical standards (including the latest edition of the International Classification of Disease of the World Health Organisation) as may be notified by the Central Government.

(*2*) No person or authority shall classify a person as a person with mental illness, except for purposes directly relating to the treatment of the mental illness or in other matters as covered under this Act or any other law for the time being in force.

(*3*) Mental illness of a person shall not be determined on the basis of,—

(*a*) political, economic or social status or membership of a cultural, racial or religious group, or for any other reason not directly relevant to mental health status of the person;

(*b*) non-conformity with moral, social, cultural, work or political values or religious beliefs prevailing in a person's community.

(*4*) Past treatment or hospitalisation in a mental health establishment though relevant, shall not by itself justify any present or future determination of the person's mental illness.

(*5*) The determination of a person's mental illness shall alone not imply or be taken to mean that the person is of unsound mind unless he has been declared as such by a competent court.

Capacity to make mental healthcare and treatment decisions.

4. (*1*) Every person, including a person with mental illness shall be deemed to have capacity to make decisions regarding his mental healthcare or treatment if such person has ability to—

(*a*) understand the information that is relevant to take a decision on the treatment or admission or personal assistance; or

(*b*) appreciate any reasonably foreseeable consequence of a decision or lack of decision on the treatment or admission or personal assistance; or

(*c*) communicate the decision under sub-clause (*a*) by means of speech, expression, gesture or any other means.

(*2*) The information referred to in sub-section (*1*) shall be given to a person using simple language, which such person understands or in sign language or visual aids or any other means to enable him to understand the information.

(*3*) Where a person makes a decision regarding his mental healthcare or treatment which is perceived by others as inappropriate or wrong, that by itself, shall not mean that the person does not have the capacity to make mental healthcare or treatment decision, so long as the person has the capacity to make mental healthcare or treatment decision under sub-section (*1*).

CHAPTER III

Advance directive

Advance directive.

5. (*1*) Every person, who is not a minor, shall have a right to make an advance directive in writing, specifying any or all of the following, namely:—

(*a*) the way the person wishes to be cared for and treated for a mental illness;

(*b*) the way the person wishes not to be cared for and treated for a mental illness;

(*c*) the individual or individuals, in order of precedence, he wants to appoint as his nominated representative as provided under section 14.

(*2*) An advance directive under sub-section (*1*) may be made by a person irrespective of his past mental illness or treatment for the same.

(*3*) An advance directive made under sub-section (*1*), shall be invoked only when such person ceases to have capacity to make mental healthcare or treatment decisions and shall remain effective until such person regains capacity to make mental healthcare or treatment decisions.

(*4*) Any decision made by a person while he has the capacity to make mental healthcare and treatment decisions shall over-ride any previously written advance directive by such person.

(*5*) Any advance directive made contrary to any law for the time being in force shall be *ab initio* void.

Manner of making advance directive.

6. An advance directive shall be made in the manner as may be specified by the regulations made by the Central Authority.

Maintenance of online register.

7. Subject to the provisions contained in clause (*a*) of sub-section (*1*) of section 91, every Board shall maintain an online register of all advance directives registered with it and make them available to the concerned mental health professionals as and when required.

Revocation, amendment or cancellation of advance directive.

8. (*1*) An advance directive made under section 6 may be revoked, amended or cancelled by the person who made it at any time.

(*2*) The procedure for revoking, amending or cancelling an advance directive shall be the same as for making an advance directive under section 6.

Advance directive not to apply to emergency treatment.

9. The advance directive shall not apply to the emergency treatment given under section 103 to a person who made the advance directive.

Duty to follow advance directive.

10. It shall be the duty of every medical officer in charge of a mental health establishment and the psychiatrist in charge of a person's treatment to propose or give treatment to a person with mental illness, in accordance with his valid advance directive, subject to section 11.

Power to review, alter, modify or cancel advance directive.

11. (*1*) Where a mental health professional or a relative or a care-giver of a person desires not to follow an advance directive while treating a person with mental illness, such mental health professional or the relative or the care-giver of the person shall make an application to the concerned Board to review, alter, modify or cancel the advance directive.

(*2*) Upon receipt of the application under sub-section (*1*), the Board shall, after giving an opportunity of hearing to all concerned parties (including the person whose advance directive is in question), either uphold, modify, alter or cancel the advance directive after taking into consideration the following, namely:—

(*a*) whether the advance directive was made by the person out of his own free will and free from force, undue influence or coercion; or

(*b*) whether the person intended the advance directive to apply to the present circumstances, which may be different from those anticipated; or

(*c*) whether the person was sufficiently well informed to make the decision; or

(*d*) whether the person had capacity to make decisions relating to his mental healthcare or treatment when such advanced directive was made; or

(*e*) whether the content of the advance directive is contrary to other laws or constitutional provisions.

(*3*) The person writing the advance directive and his nominated representative shall have a duty to ensure that the medical officer in charge of a mental health establishment or a medical practitioner or a mental health professional, as the case may be, has access to the advance directive when required.

(*4*) The legal guardian shall have right to make an advance directive in writing in respect of a minor and all the provisions relating to advance directive, *mutatis mutandis*, shall apply to such minor till such time he attains majority.

Review of advance directives.

12. (*1*) The Central Authority shall regularly and periodically review the use of advance directives and make recommendations in respect thereof.

(*2*) The Central Authority in its review under sub-section (*1*) shall give specific consideration to the procedure for making an advance directive and also examine whether the existing procedure protects the rights of persons with mental illness.

(*3*) The Central Authority may modify the procedure for making an advance directive or make additional regulations regarding the procedure for advance directive to protect the rights of persons with mental illness.

Liability of medical health professional in relation to advance directive.

13. (*1*) A medical practitioner or a mental health professional shall not be held liable for any unforeseen consequences on following a valid advance directive.

(*2*) The medical practitioner or mental health professional shall not be held liable for not following a valid advance directive, if he has not been given a copy of the valid advance directive.

CHAPTER IV

NOMINATED REPRESENTATIVE

Appointment and revocation of nominated representative.

14. (*1*) Notwithstanding anything contained in clause (*c*) of sub-section (*1*) of section 5, every person who is not a minor, shall have a right to appoint a nominated representative.

(*2*) The nomination under sub-section (*1*) shall be made in writing on plain paper with the person's signature or thumb impression of the person referred to in that sub-section.

(*3*) The person appointed as the nominated representative shall not be a minor, be competent to discharge the duties or perform the functions assigned to him under this Act, and give his consent in writing to the mental health professional to discharge his duties and perform the functions assigned to him under this Act.

(*4*) Where no nominated representative is appointed by a person under sub-section (*1*), the following persons for the purposes of this Act in the order of precedence shall be deemed to be the nominated representative of a person with mental illness, namely:—

(*a*) the individual appointed as the nominated representative in the advance directive under clause (*c*) of sub-section (*1*) of section 5; or

(*b*) a relative, or if not available or not willing to be the nominated representative of such person; or

(*c*) a care-giver, or if not available or not willing to be the nominated representative of such person; or

(*d*) a suitable person appointed as such by the concerned Board; or

(*e*) if no such person is available to be appointed as a nominated representative, the Board shall appoint the Director, Department of Social Welfare, or his designated representative, as the nominated representative of the person with mental illness:

Provided that a person representing an organisation registered under the Societies Registration Act, 1860 or any other law for the time being in force, working for persons with mental illness, may temporarily be engaged by the mental health professional to discharge the duties of a nominated representative pending appointment of a nominated representative by the concerned Board.

21 of 1860.

(*5*) The representative of the organisation, referred to in the proviso to sub-section (*4*), may make a written application to the medical officer in charge of the mental health establishment or the psychiatrist in charge of the person's treatment, and such medical officer or psychiatrist, as the case may be, shall accept him as the temporary nominated representative, pending appointment of a nominated representative by the concerned Board.

(*6*) A person who has appointed any person as his nominated representative under this section may revoke or alter such appointment at any time in accordance with the procedure laid down for making an appointment of nominated representative under sub-section (*1*).

(*7*) The Board may, if it is of the opinion that it is in the interest of the person with mental illness to do so, revoke an appointment made by it under this section, and appoint a different representative under this section.

(*8*) The appointment of a nominated representative, or the inability of a person with mental illness to appoint a nominated representative, shall not be construed as the lack of capacity of the person to take decisions about his mental healthcare or treatment.

(*9*) All persons with mental illness shall have capacity to make mental healthcare or treatment decisions but may require varying levels of support from their nominated representative to make decisions.

Nominated representative of minor.

15. (*1*) Notwithstanding anything contained in section 14, in case of minors, the legal guardian shall be their nominated representative, unless the concerned Board orders otherwise under sub-section (*2*).

(*2*) Where on an application made to the concerned Board, by a mental health professional or any other person acting in the best interest of the minor, and on evidence presented before it, the concerned Board is of the opinion that,—

(*a*) the legal guardian is not acting in the best interests of the minor; or

(*b*) the legal guardian is otherwise not fit to act as the nominated representative of the minor,

it may appoint, any suitable individual who is willing to act as such, the nominated representative of the minor with mental illness:

Provided that in case no individual is available for appointment as a nominated representative, the Board shall appoint the Director in the Department of Social Welfare of the State in which such Board is located, or his nominee, as the nominated representative of the minor with mental illness.

Revocation, alteration, etc., of nominated representative by Board.

16. The Board, on an application made to it by the person with mental illness, or by a relative of such person, or by the psychiatrist responsible for the care of such person, or by the medical officer in charge of the mental health establishment where the individual is admitted or proposed to be admitted, may revoke, alter or modify the order made under clause (*e*) of sub-section (*4*) of section 14 or under sub-section (*2*) of section 15.

Duties of nominated representative.

17. While fulfilling his duties under this Act, the nominated representative shall—

(*a*) consider the current and past wishes, the life history, values, cultural background and the best interests of the person with mental illness;

(*b*) give particular credence to the views of the person with mental illness to the extent that the person understands the nature of the decisions under consideration;

(*c*) provide support to the person with mental illness in making treatment decisions under section 89 or section 90;

(*d*) have right to seek information on diagnosis and treatment to provide adequate support to the person with mental illness;

(*e*) have access to the family or home based rehabilitation services as provided under clause (*c*) of sub-section (*4*) of section 18 on behalf of and for the benefit of the person with mental illness;

(*f*) be involved in discharge planning under section 98;

(*g*) apply to the mental health establishment for admission under section 87 or section 89 or section 90;

(*h*) apply to the concerned Board on behalf of the person with mental illness for discharge under section 87 or section 89 or section 90;

(*i*) apply to the concerned Board against violation of rights of the person with mental illness in a mental health establishment;

(*j*) appoint a suitable attendant under sub-section (*5*) or sub-section (*6*) of section 87;

(*k*) have the right to give or withhold consent for research under circumstances mentioned under sub-section (*3*) of section 99.

CHAPTER V

RIGHTS OF PERSONS WITH MENTAL ILLNESS

Right to access mental health care.

18. (*1*) Every person shall have a right to access mental healthcare and treatment from mental health services run or funded by the appropriate Government.

(*2*) The right to access mental healthcare and treatment shall mean mental health services of affordable cost, of good quality, available in sufficient quantity, accessible geographically, without discrimination on the basis of gender, sex, sexual orientation, religion, culture, caste, social or political beliefs, class, disability or any other basis and provided in a manner that is acceptable to persons with mental illness and their families and care-givers.

(*3*) The appropriate Government shall make sufficient provision as may be necessary, for a range of services required by persons with mental illness.

(*4*) Without prejudice to the generality of range of services under sub-section (*3*), such services shall include—

(*a*) provision of acute mental healthcare services such as outpatient and inpatient services;

(*b*) provision of half-way homes, sheltered accommodation, supported accommodation as may be prescribed;

(*c*) provision for mental health services to support family of person with mental illness or home based rehabilitation;

(*d*) hospital and community based rehabilitation establishments and services as may be prescribed;

(*e*) provision for child mental health services and old age mental health services.

(*5*) The appropriate Government shall,—

(*a*) integrate mental health services into general healthcare services at all levels

of healthcare including primary, secondary and tertiary healthcare and in all health programmes run by the appropriate Government;

(*b*) provide treatment in a manner, which supports persons with mental illness to live in the community and with their families;

(*c*) ensure that the long term care in a mental health establishment for treatment of mental illness shall be used only in exceptional circumstances, for as short a duration as possible, and only as a last resort when appropriate community based treatment has been tried and shown to have failed;

(*d*) ensure that no person with mental illness (including children and older persons) shall be required to travel long distances to access mental health services and such services shall be available close to a place where a person with mental illness resides;

(*e*) ensure that as a minimum, mental health services run or funded by Government shall be available in each district;

(*f*) ensure, if minimum mental health services specified under sub-clause (*e*) of sub-section (*4*) are not available in the district where a person with mental illness resides, that the person with mental illness is entitled to access any other mental health service in the district and the costs of treatment at such establishments in that district will be borne by the appropriate Government:

Provided that till such time the services under this sub-section are made available in a health establishment run or funded by the appropriate Government, the appropriate Government shall make rules regarding reimbursement of costs of treatment at such mental health establishment.

(*6*) The appropriate Government shall make available a range of appropriate mental health services specified under sub-section (*4*) of section 18 at all general hospitals run or funded by such Government and basic and emergency mental healthcare services shall be available at all community health centres and upwards in the public health system run or funded by such Government.

(*7*) Persons with mental illness living below the poverty line whether or not in possession of a below poverty line card, or who are destitute or homeless shall be entitled to mental health treatment and services free of any charge and at no financial cost at all mental health establishments run or funded by the appropriate Government and at other mental health establishments designated by it.

(*8*) The appropriate Government shall ensure that the mental health services shall be of equal quality to other general health services and no discrimination be made in quality of services provided to persons with mental illness.

(*9*) The minimum quality standards of mental health services shall be as specified by regulations made by the State Authority.

(*10*) Without prejudice to the generality of range of services under sub-section (*3*) of section 18, the appropriate Government shall notify Essential Drug List and all medicines on the Essential Drug List shall be made available free of cost to all persons with mental illness at all times at health establishments run or funded by the appropriate Government starting from Community Health Centres and upwards in the public health system:

Provided that where the health professional of ayurveda, yoga, unani, siddha, homoeopathy or naturopathy systems recognised by the Central Government are available in any health establishment, the essential medicines from any similar list relating to the appropriate ayurvada, yoga, unani, siddha, homoeopathy or naturopathy systems shall also be made available free of cost to all persons with mental illness.

(*11*) The appropriate Government shall take measures to ensure that necessary budgetary provisions in terms of adequacy, priority, progress and equity are made for effective implementation of the provisions of this section.

Explanation.—For the purposes of sub-section (*11*), the expressions—

(*i*) "adequacy" means in terms of how much is enough to offset inflation;

(*ii*) "priority" means in terms of compared to other budget heads;

(*iii*) "equity" means in terms of fair allocation of resources taking into account the health, social and economic burden of mental illness on individuals, their families and care-givers;

(*iv*) "progress" means in terms of indicating an improvement in the State's response.

Right to community living.

19. (*1*) Every person with mental illness shall,—

(*a*) have a right to live in, be part of and not be segregated from society; and

(*b*) not continue to remain in a mental health establishment merely because he does not have a family or is not accepted by his family or is homeless or due to absence of community based facilities.

(*2*) Where it is not possible for a mentally ill person to live with his family or relatives, or where a mentally ill person has been abandoned by his family or relatives, the appropriate Government shall provide support as appropriate including legal aid and to facilitate exercising his right to family home and living in the family home.

(*3*) The appropriate Government shall, within a reasonable period, provide for or support the establishment of less restrictive community based establishments including half-way homes, group homes and the like for persons who no longer require treatment in more restrictive mental health establishments such as long stay mental hospitals.

Right to protection from cruel, inhuman and degrading treatment.

20. (*1*) Every person with mental illness shall have a right to live with dignity.

(*2*) Every person with mental illness shall be protected from cruel, inhuman or degrading treatment in any mental health establishment and shall have the following rights, namely:—

(*a*) to live in safe and hygienic environment;

(*b*) to have adequate sanitary conditions;

(*c*) to have reasonable facilities for leisure, recreation, education and religious practices;

(*d*) to privacy;

(*e*) for proper clothing so as to protect such person from exposure of his body to maintain his dignity;

(*f*) to not be forced to undertake work in a mental health establishment and to receive appropriate remuneration for work when undertaken;

(*g*) to have adequate provision for preparing for living in the community;

(*h*) to have adequate provision for wholesome food, sanitation, space and access to articles of personal hygiene, in particular, women's personal hygiene be adequately addressed by providing access to items that may be required during menstruation;

(*i*) to not be subject to compulsory tonsuring (shaving of head hair);

(*j*) to wear own personal clothes if so wished and to not be forced to wear uniforms provided by the establishment; and

(*k*) to be protected from all forms of physical, verbal, emotional and sexual abuse.

Right to equality and non-discrimination.

21. (*1*) Every person with mental illness shall be treated as equal to persons with physical illness in the provision of all healthcare which shall include the following, namely:–

(*a*) there shall be no discrimination on any basis including gender, sex, sexual orientation, religion, culture, caste, social or political beliefs, class or disability;

(*b*) emergency facilities and emergency services for mental illness shall be of the same quality and availability as those provided to persons with physical illness;

(*c*) persons with mental illness shall be entitled to the use of ambulance services in the same manner, extent and quality as provided to persons with physical illness;

(*d*) living conditions in health establishments shall be of the same manner, extent and quality as provided to persons with physical illness; and

(*e*) any other health services provided to persons with physical illness shall be provided in same manner, extent and quality to persons with mental illness.

(*2*) A child under the age of three years of a woman receiving care, treatment or rehabilitation at a mental health establishment shall ordinarily not be separated from her during her stay in such establishment:

Provided that where the treating Psychiatrist, based on his examination of the woman, and if appropriate, on information provided by others, is of the opinion that there is risk of harm to the child from the woman due to her mental illness or it is in the interest and safety of the child, the child shall be temporarily separated from the woman during her stay at the mental health establishment:

Provided further that the woman shall continue to have access to the child under such supervision of the staff of the establishment or her family, as may be appropriate, during the period of separation.

(*3*) The decision to separate the woman from her child shall be reviewed every fifteen days during the woman's stay in the mental health establishment and separation shall be terminated as soon as conditions which required the separation no longer exist:

Provided that any separation permitted as per the assessment of a mental health professional, if it exceeds thirty days at a stretch, shall be required to be approved by the respective Authority.

(*4*) Every insurer shall make provision for medical insurance for treatment of mental illness on the same basis as is available for treatment of physical illness.

Right to information.

22. (*1*) A person with mental illness and his nominated representative shall have the rights to the following information, namely:—

(*a*) the provision of this Act or any other law for the time being in force under which he has been admitted, if he is being admitted, and the criteria for admission under that provision;

(*b*) of his right to make an application to the concerned Board for a review of the admission;

(*c*) the nature of the person's mental illness and the proposed treatment plan which includes information about treatment proposed and the known side effects of the proposed treatment;

(*d*) receive the information in a language and form that such person receiving the information can understand.

(*2*) In case complete information cannot be given to the person with mental illness at the time of the admission or the start of treatment, it shall be the duty of the medical officer or psychiatrist in charge of the person's care to ensure that full information is provided promptly when the individual is in a position to receive it:

Provided that where the information has not been given to the person with mental illness at the time of the admission or the start of treatment, the medical officer or psychiatrist in charge of the person's care shall give the information to the nominated representative immediately.

Right to confidentiality.

23. (*1*) A person with mental illness shall have the right to confidentiality in respect of his mental health, mental healthcare, treatment and physical healthcare.

(*2*) All health professionals providing care or treatment to a person with mental illness shall have a duty to keep all such information confidential which has been obtained during care or treatment with the following exceptions, namely:—

(*a*) release of information to the nominated representative to enable him to fulfil his duties under this Act;

(*b*) release of information to other mental health professionals and other health professionals to enable them to provide care and treatment to the person with mental illness;

(*c*) release of information if it is necessary to protect any other person from harm or violence;

(*d*) only such information that is necessary to protect against the harm identified shall be released;

(*e*) release only such information as is necessary to prevent threat to life;

(*f*) release of information upon an order by concerned Board or the Central Authority or High Court or Supreme Court or any other statutory authority competent to do so; and

(*g*) release of information in the interests of public safety and security.

Restriction on release of information in respect of mental illness.

24. (*1*) No photograph or any other information relating to a person with mental illness undergoing treatment at a mental health establishment shall be released to the media without the consent of the person with mental illness.

(*2*) The right to confidentiality of person with mental illness shall also apply to all information stored in electronic or digital format in real or virtual space.

Right to access medical records.

25. (*1*) All persons with mental illness shall have the right to access their basic medical records as may be prescribed.

(*2*) The mental health professional in charge of such records may withhold specific information in the medical records if disclosure would result in,—

(*a*) serious mental harm to the person with mental illness; or

(*b*) likelihood of harm to other persons.

(*3*) When any information in the medical records is withheld from the person, the mental health professional shall inform the person with mental illness of his right to apply to the concerned Board for an order to release such information.

Right to personal contacts and communication.

26. (*1*) A person with mental illness admitted to a mental health establishment shall have the right to refuse or receive visitors and to refuse or receive and make telephone or mobile phone calls at reasonable times subject to the norms of such mental health establishment.

(*2*) A person with mental illness admitted in a mental health establishment may send and receive mail through electronic mode including through email.

(*3*) Where a person with mental illness informs the medical officer or mental health professional in charge of the mental health establishment that he does not want to receive mail or email from any named person in the community, the medical officer or mental health professional in charge may restrict such communication by the named person with the person with mental illness.

(*4*) Nothing contained in sub-sections (*1*) to (*3*) shall apply to visits from, telephone calls to, and from mail or email to, and from individuals, specified under clauses (*a*) to (*f*) under any circumstances, namely:—

(*a*) any Judge or officer authorised by a competent court;

(*b*) members of the concerned Board or the Central Authority or the State Authority;

(*c*) any member of the Parliament or a Member of State Legislature;

(*d*) nominated representative, lawyer or legal representative of the person;

(*e*) medical practitioner in charge of the person's treatment;

(*f*) any other person authorised by the appropriate Government.

Right to legal aid.

27. (*1*) A person with mental illness shall be entitled to receive free legal services to exercise any of his rights given under this Act.

(*2*) It shall be the duty of magistrate, police officer, person in charge of such custodial institution as may be prescribed or medical officer or mental health professional in charge of a mental health establishment to inform the person with mental illness that he is entitled to free legal services under the Legal Services Authorities Act, 1987 or other relevant laws or under any order of the court if so ordered and provide the contact details of the availability of services.

39 of 1987.

Right to make complaints about deficiencies in provision of services.

28. (*1*) Any person with mental illness or his nominated representative, shall have the right to complain regarding deficiencies in provision of care, treatment and services in a mental health establishment to,—

(*a*) the medical officer or mental health professional in charge of the establishment and if not satisfied with the response;

(*b*) the concerned Board and if not satisfied with the response;

(*c*) the State Authority.

(*2*) The provisions for making complaint in sub-section (*1*), is without prejudice to the rights of the person to seek any judicial remedy for violation of his rights in a mental health establishment or by any mental health professional either under this Act or any other law for the time being in force.

CHAPTER VI

DUTIES OF APPROPRIATE GOVERNMENT

Promotion of mental health and preventive programmes.

29. (*1*) The appropriate Government shall have a duty to plan, design and implement programmes for the promotion of mental health and prevention of mental illness in the country.

(*2*) Without prejudice to the generality of the provisions contained in sub-section (*1*), the appropriate Government shall, in particular, plan, design and implement public health programmes to reduce suicides and attempted suicides in the country.

Creating awareness about mental health and illness and reducing stigma associated with mental illness.

30. The appropriate Government shall take all measures to ensure that,—

(*a*) the provisions of this Act are given wide publicity through public media, including television, radio, print and online media at regular intervals;

(*b*) the programmes to reduce stigma associated with mental illness are planned, designed, funded and implemented in an effective manner;

(*c*) the appropriate Government officials including police officers and other officers of the appropriate Government are given periodic sensitisation and awareness training on the issues under this Act.

Appropriate Government to take measures as regard to human resource development and training, etc.

31. (*1*) The appropriate Government shall take measures to address the human resource requirements of mental health services in the country by planning, developing and implementing educational and training programmes in collaboration with institutions of higher education and training, to increase the human resources available to deliver mental health interventions and to improve the skills of the available human resources to better address the needs of persons with mental illness.

(*2*) The appropriate Government shall, at the minimum, train all medical officers in public healthcare establishments and all medical officers in the prisons or jails to provide basic and emergency mental healthcare.

(*3*) The appropriate Government shall make efforts to meet internationally accepted guidelines for number of mental health professionals on the basis of population, within ten years from the commencement of this Act.

Co-ordination within appropriate Government.

32. The appropriate Government shall take all measures to ensure effective co-ordination between services provided by concerned Ministries and Departments such as those dealing with health, law, home affairs, human resources, social justice, employment, education, women and child development, medical education to address issues of mental health care.

CHAPTER VII

CENTRAL MENTAL HEALTH AUTHORITY

Establishment of Central Authority.

33. The Central Government shall, within a period of nine months from the date on which this Act receives the assent of the President, by notification, establish, for the purposes of this Act, an Authority to be known as the Central Mental Health Authority.

Composition of Central Authority.

34. (*1*) The Central Authority shall consist of the following, namely:—

(*a*) Secretary or Additional Secretary to the Government of India in the Department of Health and Family Welfare—chairperson *ex officio*;

(*b*) Joint Secretary to the Government of India in the Department of Health and Family Welfare, in charge of mental health—member *ex officio*;

(*c*) Joint Secretary to the Government of India in the Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy— member *ex officio;*

(*d*) Director General of Health Services—member *ex officio*;

(*e*) Joint Secretary to the Government of India in the Department of Disability Affairs of the Ministry of Social Justice and Empowerment— member *ex officio;*

(*f*) Joint Secretary to the Government of India in the Ministry of Women and Child Development— member *ex officio;*

(*g*) Directors of the Central Institutions for Mental Health—members *ex officio;*

(*h*) such other *ex officio* representatives from the relevant Central Government Ministries or Departments;

(*i*) one mental health professional as defined in item (*iii*) of clause (*r*) of sub-section (*1*) of section 2 having at least fifteen years experience in the field, to be nominated by the Central Government—member;

(*j*) one psychiatric social worker having at least fifteen years experience in the field, to be nominated by the Central Government—member;

(*k*) one clinical psychologist having at least fifteen years experience in the field, to be nominated by the Central Government—member;

(*l*) one mental health nurse having at least fifteen years experience in the field of mental health, to be nominated by the Central Government—member;

(*m*) two persons representing persons who have or have had mental illness, to be nominated by the Central Government—members;

(*n*) two persons representing care-givers of persons with mental illness or organisations representing care-givers, to be nominated by the Central Government—members;

(*o*) two persons representing non-governmental organisations which provide services to persons with mental illness, to be nominated by the Central Government—members;

(*p*) two persons representing areas relevant to mental health, if considered necessary.

(*2*) The members referred to in clauses (*h*) to (*p*) of sub-section (*1*), shall be nominated by the Central Government in such manner as may be prescribed.

Term of office, salaries and allowances of chairperson and members.

35. (*1*) The members of the Central Authority referred to in clauses (*h*) to (*p*) of sub-section (*1*) of section 34 shall hold office as such for a term of three years from the date of nomination and shall be eligible for reappointment:

Provided that a member shall not hold office as such after he has attained the age of seventy years.

(*2*) The chairperson and other *ex officio* members of the Authority shall hold office as such chairperson or member, as the case may be, so long as he holds the office by virtue of which he is nominated.

(*3*) The salaries and allowances payable to, and the other terms and conditions of service of, the chairperson and other members shall be such as may be prescribed.

Resignation.

36. A member of the Central Authority may, by notice in writing under his hand addressed to the Central Government, resign his office:

Provided that a member shall, unless he is permitted by the Central Government to relinquish his office sooner, continue to hold office until the expiry of three months from the date of receipt of such notice or until a person duly appointed as his successor enters upon the office or until the expiry of his term of office, whichever is the earliest.

Filling of vacancies.

37. The Central Government shall, within two months from the date of occurrence of any vacancy by reason of death, resignation or removal of a member of the Authority and three months before the superannuation or completion of the term of office of any member of that Authority, make nomination for filling up of the vacancy.

Vacancies, etc., not to invalidate proceedings of Central Authority.

38. No act or proceeding of the Central Authority shall be invalid merely by reason of—

(*a*) any vacancy in, or any defect in the constitution of, the Authority; or

(*b*) any defect in the appointment of a person as a member of the Authority; or

(*c*) any irregularity in the procedure of the Authority not affecting the merits of the case.

Member not to participate in meetings in certain cases.

39. Any member having any direct or indirect interest, whether pecuniary or otherwise, in any matter coming up for consideration at a meeting of the Central Authority, shall, as soon as possible after the relevant circumstances have come to his knowledge, disclose the nature of his interest at such meeting and such disclosure shall be recorded in the proceedings of the Central Authority, and the member shall not take any part in any deliberation or decision of the Authority with respect to that matter.

Officers and other employees of Central Authority.

40. (*1*) There shall be a chief executive officer of the Authority, not below the rank of the Director to the Government of India, to be appointed by the Central Government.

(*2*) The Authority may, with the approval of the Central Government, determine the number, nature and categories of other officers and employees required by the Central Authority in the discharge of its functions.

(*3*) The salaries and allowances payable to, and the other terms and conditions of service (including the qualifications, experience and manner of appointment) of, the chief executive officer and other officers and employees of the Central Authority shall be such as may be specified by regulations with the approval of the Central Government.

Functions of chief executive officer of Central Authority.

41. (*1*) The chief executive officer shall be the legal representative of the Central Authority and shall be responsible for—

(*a*) the day-to-day administration of the Central Authority;

(*b*) implementing the work programmes and decisions adopted by the Central Authority;

(*c*) drawing up of proposal for the Central Authority's work programmes;

(*d*) the preparation of the statement of revenue and expenditure and the execution of the budget of the Central Authority.

(*2*) Every year, the chief executive officer shall submit to the Central Authority for approval—

(*a*) a general report covering all the activities of the Central Authority in the previous year;

(*b*) programmes of work;

(*c*) the annual accounts for the previous year; and

(*d*) the budget for the coming year.

(*3*) The chief executive officer shall have administrative control over the officers and other employees of the Central Authority.

Transfer of assets, liabilities of Central Authority.

42. On the establishment of the Central Authority—

(*a*) all the assets and liabilities of the Central Authority for Mental Health Services constituted under sub-section (*1*) of section 3 of the Mental Health Act, 1987 shall stand transferred to, and vested in, the Central Authority.

14 of 1987.

Explanation.—The assets of such Central Authority for Mental Health Services shall be deemed to include all rights and powers, and all properties, whether movable or immovable, including, in particular, cash balances, deposits and all other interests and rights in, or arising out of, such properties as may be in the possession of such Unique Identification Authority of India and all books of account and other documents relating to the same; and liabilities shall be deemed to include all debts, liabilities and obligations of whatever kind;

(*b*) without prejudice to the provisions of clause (*a*), all data and information collected during enrolment, all details of authentication performed, debts, obligations and liabilities incurred, all contracts entered into and all matters and things engaged to be done by, with or for such Central Authority for Mental Health Services immediately before that day, for or in connection with the purpose of the said Central Authority for Mental Health Services, shall be deemed to have been incurred, entered into or engaged to be done by, with or for, the Central Authority;

(*c*) all sums of money due to the Central Authority for Mental Health Services immediately before that day shall be deemed to be due to the Central Authority; and

(*d*) all suits and other legal proceedings instituted or which could have been instituted by or against such Central Authority for Mental Health Services immediately before that day may be continued or may be instituted by or against the Central Authority.

Functions of Central Authority.

43. (*1*) The Central Authority shall—

(*a*) register all mental health establishments under the control of the Central Government and maintain a register of all mental health establishments in the country based on information provided by all State Mental Health Authorities of registered establishments and compile update and publish (including online on the internet) a register of such establishments;

(*b*) develop quality and service provision norms for different types of mental health establishments under the Central Government;

(*c*) supervise all mental health establishments under the Central Government and receive complaints about deficiencies in provision of services;

(*d*) maintain a national register of clinical psychologists, mental health nurses and psychiatric social workers based on information provided by all State Authorities of persons registered to work as mental health professionals for the purpose of this Act and publish the list (including online on the internet) of such registered mental health professionals;

(*e*) train all persons including law enforcement officials, mental health professionals and other health professionals about the provisions and implementation of this Act;

(*f*) advise the Central Government on all matters relating to mental healthcare and services;

(*g*) discharge such other functions with respect to matters relating to mental health as the Central Government may decide:

14 of 1987.

Provided that the mental health establishments under the control of the Central Government, before the commencement of this Act, registered under the Mental Health Act, 1987 or any other law for the time being in force, shall be deemed to have been registered under the provisions of this Act and copy of such registration shall be furnished to the Central Authority.

(*2*) The procedure for registration (including the fees to be levied for such registration) of the mental health establishments under this section shall be such as may be prescribed by the Central Government.

Meetings of Central Authority.

44. (*1*) The Central Authority shall meet at such times (not less than twice in a year) and places and shall observe such rules of procedure in regard to the transaction of business at its meetings (including quorum at such meetings) as may be specified by regulations made by the Central Authority.

(*2*) If the chairperson, for any reason, is unable to attend a meeting of the Central Authority, the senior-most member shall preside over the meeting of the Authority.

(*3*) All questions which come up before any meeting of the Authority shall be decided by a majority of votes by the members present and voting and in the event of an equality of votes, the chairperson or in his absence the member presiding over shall have a second or casting vote.

(*4*) All decisions of the Central Authority shall be authenticated by the signature of the chairperson or any other member authorised by the Central Authority in this behalf.

(*5*) If any member, who is a director of a company and who as such director, has any direct or indirect pecuniary interest in any manner coming up for consideration at a meeting of the Central Authority, he shall, as soon as possible after relevant circumstances have come to his knowledge, disclose the nature of his interest at such meeting and such disclosure shall be recorded in the proceedings of the Authority, and the member shall not take part in any deliberation or decision of the Authority with respect to that matter.

CHAPTER VIII

STATE MENTAL HEALTH AUTHORITY

Establishment of State Authority.

45. Every State Government shall, within a period of nine months from the date on which this Act receives the assent of the President, by notification, establish, for the purposes of this Act, an Authority to be known as the State Mental Health Authority.

Composition of State Authority.

46. (*1*) The State Authority shall consist of the following chairperson and members:—

(*a*) Secretary or Principal Secretary in the Department of Health of State Government—chairperson *ex officio*;

(*b*) Joint Secretary in the Department of Health of the State Government, in charge of mental health—member *ex officio*;

(*c*) Director of Health Services or Medical Education—member *ex officio*;

(*d*) Joint Secretary in the Department of Social Welfare of the State Government—member *ex officio;*

(*e*) such other *ex officio* representatives from the relevant State Government Ministries or Departments;

(*f*) Head of any of the Mental Hospitals in the State or Head of Department of Psychiatry at any Government Medical College, to be nominated by the State Government—member;

(*g*) one eminent psychiatrist from the State not in Government service to be nominated by the State Government—member;

(*h*) one mental health professional as defined in item (*iii*) of clause (*q*) of sub-section (*1*) of section (*2*) having at least fifteen years experience in the field, to be nominated by the State Government—member;

(*i*) one psychiatric social worker having at least fifteen years experience in the field, to be nominated by the State Government—member;

(*j*) one clinical psychologist having at least fifteen years experience in the field, to be nominated by the State Government—member;

(*k*) one mental health nurse having at least fifteen years experience in the field of mental health, to be nominated by the State Government—member;

(*l*) two persons representing persons who have or have had mental illness, to be nominated by the State Government—member;

(*m*) two persons representing care-givers of persons with mental illness or organisations representing care-givers, to be nominated by the State Government—members;

(*n*) two persons representing non-governmental organisations which provide services to persons with mental illness, to be nominated by the State Government—members.

(*2*) The members referred to in clauses (*e*) to (*n*) of sub-section (*1*), shall be nominated by the State Government in such manner as may be prescribed.

Term of office, salaries and allowances of chairperson and other members.

47. (*1*) The members of the State Authority referred to in clauses (*e*) to (*n*) of sub-section (*1*) of section 46 shall hold office as such for a term of three years from the date of nomination and shall be eligible for reappointment:

Provided that a member shall not hold office as such after he has attained the age of seventy years.

(*2*) The chairperson and other *ex officio* members of the State Authority shall hold office as such chairperson or member, as the case may be, so long as he holds the office by virtue of which he is nominated.

(*3*) The salaries and allowances payable to, and the other terms and conditions of service of, the chairperson and other members shall be such as may be prescribed.

Resignation.

48. A member of the State Authority may, by notice in writing under his hand addressed to the State Government, resign his office:

Provided that a member shall, unless he is permitted by the State Government to relinquish his office sooner, continue to hold office until the expiry of three months from the date of receipt of such notice or until a person duly appointed as his successor enters upon office or until the expiry of his term of office, whichever is the earliest.

Filling of vacancies.

49. The State Government shall, within two months from the date of occurrence of any vacancy by reason of death, resignation or removal of a member of the Authority and three months before the superannuation or completion of the term of office of any member of that Authority, make nomination for filling up of the vacancy.

Vacancies, etc., not to invalidate proceedings of State Authority.

50. No act or proceeding of the State Authority shall be invalid merely by reason of—

(*a*) any vacancy in, or any defect in the constitution of, the State Authority; or

(*b*) any defect in the appointment of a person as a member of the State Authority; or

(*c*) any irregularity in the procedure of the Authority not affecting the merits of the case.

Member not to participate in meetings in certain cases.

51. Any member having any direct or indirect interest, whether pecuniary or otherwise, in any matter coming up for consideration at a meeting of the State Authority, shall, as soon as possible after the relevant circumstances have come to his knowledge, disclose the nature of his interest at such meeting and such disclosure shall be recorded in the proceedings of the State Authority, and the member shall not take any part in any deliberation or decision of the State Authority with respect to that matter.

Officers and other employees of State Authority.

52. (*1*) There shall be a chief executive officer of the State Authority, not below the rank of the Deputy Secretary to the State Government, to be appointed by the State Government.

(*2*) The State Authority may, with the approval of the State Government, determine the number, nature and categories of other officers and employees required by the State Authority in the discharge of its functions.

(*3*) The salaries and allowances payable to, and the other terms and conditions of service (including the qualifications, experience and manner of appointment) of, the chief executive officer and other officers and employees of the State Authority shall be such as may be specified by regulations with the approval of the State Government.

Functions of chief executive officer of State Authority.

53. (*1*) The chief executive officer shall be the legal representative of the State Authority and shall be responsible for—

(*a*) the day-to-day administration of the State Authority;

(*b*) implementing the work programmes and decisions adopted by the State Authority;

(*c*) drawing up of proposal for the State Authority's work programmes;

(*d*) the preparation of the statement of revenue and expenditure and the execution of the budget of the State Authority.

(*2*) Every year, the chief executive officer shall submit to the State Authority for approval—

(*a*) a general report covering all the activities of the Authority in the previous year;

(*b*) programmes of work;

(*c*) the annual accounts for the previous year; and

(*d*) the budget for the coming year.

(*3*) The chief executive officer shall have administrative control over the officers and other employees of the State Authority.

Transfer of assets, liabilities of State Authority.

54. On and from the establishment of the State Authority—

14 of 1987.

(*a*) all the assets and liabilities of the State Authority for Mental Health Services constituted under sub-section (*1*) of section 4 of the Mental Health Act, 1987 shall stand transferred to, and vested in, the State Authority.

Explanation.—The assets of such State Authority for Mental Health Services shall be deemed to include all rights and powers, and all properties, whether movable or immovable, including, in particular, cash balances, deposits and all other interests and rights in, or arising out of, such properties as may be in the possession of such State Authority for Mental Health Services and all books of account and other documents relating to the same; and liabilities shall be deemed to include all debts, liabilities and obligations of whatever kind;

(*b*) without prejudice to the provisions of clause (*a*), all data and information collected during enrolment, all details of authentication performed, debts, obligations and liabilities incurred, all contracts entered into and all matters and things engaged to be done by, with or for such State Authority for Mental Health Services immediately before that day, for or in connection with the purpose of the said State Authority for Mental Health Services, shall be deemed to have been incurred, entered into or engaged to be done by, with or for, the State Authority;

(*c*) all sums of money due to the State Authority for Mental Health Services immediately before that day shall be deemed to be due to the State Authority; and

(*d*) all suits and other legal proceedings instituted or which could have been instituted by or against such State Authority for Mental Health Services immediately before that day may be continued or may be instituted by or against the State Authority.

Functions of State Authority.

55. (*1*) The State Authority shall—

(*a*) register all mental health establishments in the State except those referred to in section 43 and maintain and publish (including online on the internet) a register of such establishments;

(*b*) develop quality and service provision norms for different types of mental health establishments in the State;

(*c*) supervise all mental health establishments in the State and receive complaints about deficiencies in provision of services;

(*d*) register clinical psychologists, mental health nurses and psychiatric social workers in the State to work as mental health professionals, and publish the list of such registered mental health professionals in such manner as may be specified by regulations by the State Authority;

(*e*) train all relevant persons including law enforcement officials, mental health professionals and other health professionals about the provisions and implementation of this Act;

(*f*) discharge such other functions with respect to matters relating to mental health as the State Government may decide:

Provided that the mental health establishments in the State (except those referred to in section 43), registered, before the commencement of this Act, under the Mental Health Act, 1987 or any other law for the time being in force, shall be deemed to have been registered under the provisions of this Act and copy of such registration shall be furnished to the State Authority.

14 of 1987.

(*2*) The procedure for registration (including the fees to be levied for such registration) of the mental health establishments under this section shall be such as may be prescribed by the State Government.

Meetings of State Authority.

56. (*1*) The State Authority shall meet at such times (not less than four times in a year) and places and shall observe such rules of procedure in regard to the transaction of business at its meetings (including quorum at such meetings) as may be specified by regulations made by the State Authority.